

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
SACRAMENTO DIVISION

ESTATE OF SALVADOR ROMERO, et al.,

Case No.

Plaintiffs,

**DECLARATION OF EMILIA ABEYTA
RE: CAL. CODE CIV. PROC. § 377.32**

vs.

COUNTY OF SOLANO, et al.,

Defendants.

I, Emilia Abeyta, do declare and say:

1. I submit the following declaration concerning my status as the successor-in-interest to Salvador Romero, pursuant to section 377.32 of the California Code of Civil Procedure.

2. Salvador Romero was born on [REDACTED] 1983, in the County of Los Angeles, California.

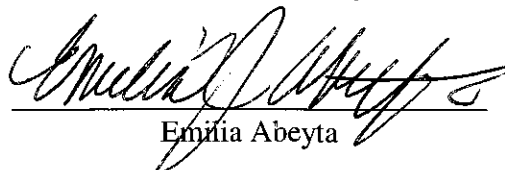
3. No proceeding is now pending in California for administration of the estate of Salvador Romero.

4. I am the successor-in-interest to Salvador Romero (as defined in section 377.11 of the California Code of Civil Procedure) and succeed to his interest in this action or proceeding. I am the biological mother of Salvador Romero.

5. No other person has a superior right to commence this action or proceeding, or to be substituted for Salvador Romero in this pending action or proceeding.

6. A true and correct copy of the certified death certificate of Salvador Romero is attached.

I declare under penalty of perjury under the laws of the State of Utah that the foregoing is true and correct and that this declaration was executed on February 27, 2023, at Layton, Utah.


Emilia Abeyta

COUNTY OF SOLANO

3052022223187

CERTIFICATE OF DEATH

3202248002843

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) SALVADOR		3. LAST (Family) ROMERO	
2. MIDDLE -		4. DATE OF BIRTH mm/dd/yyyy 1983	
5. AGE Yrs. 38		6. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/NDP at Time of Death NEVER MARRIED	
13. EDUCATION - Highest Level (Degree) UNKNOWN		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input checked="" type="checkbox"/> YES MEXICAN	
15. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED STOCK PERSON		16. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) NON PROFIT ORGANIZATION	
17. USUAL RESIDENCE (Street and number, or location) 110 WARD COURT		18. YEARS IN OCCUPATION 1	
21. CITY VALLEJO		22. COUNTY/PROVINCE SOLANO	
23. ZIP CODE 94589		24. YEARS IN COUNTY 4	
25. STATE/FOREIGN COUNTRY CA		26. INFORMANT'S NAME, RELATIONSHIP EMILIA JOSEFITA ABEYTA, MOTHER	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 748 E 800 N, LAYTON, UT 84041		28. NAME OF SURVIVING SPOUSE/NDP - FIRST -	
29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST JOSEPH		32. MIDDLE -	
33. LAST ROMERO		34. BIRTH STATE CA	
35. NAME OF MOTHER/PARENT - FIRST EMILIA		36. MIDDLE JOSEFITA	
37. LAST (BIRTH NAME) ABEYTA		38. BIRTH STATE CA	
39. DEPOSITION DATE mm/dd/yyyy 09/28/2022		40. PLACE OF FINAL DISPOSITION RESIDENCE OF EMILIA ABEYTA 748 E 800 N, LAYTON, UT 84041	
41. TYPE OF DISPOSITION(S) CREMATE/TRANSIT/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER FD2235		44. SIGNATURE OF LOCAL REGISTRAR BELA MATYAS MD, MPH	
45. DATE mm/dd/yyyy 09/27/2022		46. PLACE OF DEATH SOLANO COUNTY JAIL	
47. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DCA		48. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
49. COUNTY SOLANO		50. FACILITY ADDRESS OR LOCATION WHERE FOLDED (Street and number, or location) 500 UNION AVENUE	
51. CITY FAIRFIELD		52. CAUSE OF DEATH Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventilator withdrawal without showing the etiology. DO NOT abbreviate. IMMEDIATE CAUSE (Final disease or condition resulting in death) PENDING INVESTIGATION	
53. SEQUENTIALLY, list conditions, if any leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST 108. BICOPY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 -		113. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSES STATED. Decedent Attached Since Decedent Last Seen Alive		115. SIGNATURE AND TITLE OF CERTIFIER JUSTIN MONROE, DEP CORONER	
116. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. LICENSE NUMBER	
118. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE ENTERED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input checked="" type="checkbox"/> Pending Investigation <input type="checkbox"/> Cause not be determined		119. INJURY DATE mm/dd/yyyy	
120. INJURY AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy	
122. HOUR (24 Hours)		123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)	
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		125. LOCATION OF INJURY (Street and number, or location, and city, and zip)	
126. SIGNATURE OF CORONER/DEPUTY CORONER JUSTIN MONROE		127. DATE mm/dd/yyyy 09/26/2022	
128. TYPE NAME, TITLE OF CORONER/DEPUTY CORONER JUSTIN MONROE, DEP CORONER		129. FAX AUTH'L	
STATE REGISTRAR		CEN-BUN TRACT	

1 of 2

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF SOLANO

- This is a true and exact reproduction of the document officially registered and placed on file in the office of the Solano County Assessor/Recorder.

By *Justin Monroe*, Deputy.

DATE ISSUED 11-28-2022

MARC C. TONNESSEN
COUNTY ASSESSOR/RECORDER

This copy is not valid unless prepared on an engraved border displaying the date, seal and original signature of the Deputy.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

CASOLAN002

COUNTY OF SOLANO

3052022223187

STATE FILE NUMBER

1.1

PHYSICIAN/CORONER'S AMENDMENT

NO ERASURES, WHITEOUTS, PHOTOCOPIES,
OR ALTERATIONS

3202248002843

LOCAL REGISTRATION NUMBER

☐ BIRTH ☒ DEATH ☐ FETAL DEATH

TYPE OR PRINT CLEARLY IN BLACK INK ONLY - THIS AMENDMENT BECOMES AN ACTUAL PART OF THE OFFICIAL RECORD

PART I INFORMATION TO LOCATE RECORD

INFORMATION AS IT APPEARS ON ORIGINAL RECORD	1A. NAME—FIRST SALVADOR	1B. MIDDLE -	1C. LAST ROMERO	2. SEX M
	3. DATE OF EVENT—MM/DD/CCYY 09/04/2022	4. CITY OF EVENT FAIRFIELD	5. COUNTY OF EVENT SOLANO	

PART II STATEMENT OF CORRECTIONS

LIST ONE ITEM PER LINE	6. CERTIFICATE ITEM NUMBER	7. INFORMATION AS IT APPEARS ON ORIGINAL RECORD	8. INFORMATION AS IT SHOULD APPEAR
	107A	PENDING INVESTIGATION	ASPHYXIA
	107AT	-	MINS
	107B	-	HANGING
	107BT	-	MINS
	112	-	NONE
	119	PENDING INVESTIGATION	SUICIDE
	120	-	N
	121	-	09/04/2022
	122	-	1440 EST
	123	-	OTHER: SOLANO COUNTY JAIL
	124	-	APPARENT SUICIDE BY HANGING WHILE IN CUSTODY AT THE SOLANO COUNTY JAIL.
	125	-	SOLANO COUNTY JAIL 500 UNION AVENUE, FAIRFIELD, CA 94533

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER	I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.			
	9. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER STEVEN PARIS	10. DATE SIGNED—MM/DD/CCYY 11/10/2022	11. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER STEVEN PARIS, DEPUTY CORONER	
	12. ADDRESS—STREET AND NUMBER 1535 AIRPORT BLVD.	13. CITY NAPA	14. STATE CA	15. ZIP CODE 94558

STATE/LOCAL REGISTRAR USE ONLY	16. OFFICE OF VITAL RECORDS OR LOCAL REGISTRAR CDPH-VR	17. DATE ACCEPTED FOR REGISTRATION—MM/DD/CCYY 11/14/2022
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STATE OF CALIFORNIA, DEPARTMENT OF PUBLIC HEALTH, OFFICE OF VITAL RECORDS

FORM VS 24Aa (REV. 1/09)

1.1

2 of 2

CERTIFIED COPY OF VITAL RECORD
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By

Deputy.

DATE ISSUED

11.28.2022

MARC C. TONNESEN
COUNTY ASSESSOR/RECORDER

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